



Post-Traumatic Stress Disorder

April 2004

1: Addict Behav. 2003 Dec;28(9):1717-30.

Demographic and social adjustment characteristics of patients with comorbid posttraumatic stress disorder and alcohol dependence: potential pitfalls to PTSD treatment.

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The present study examined the demographic and social adjustment characteristics of a sample seeking treatment for comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD). Using descriptive statistics, we compared the characteristics of this group to those of a sample seeking treatment for PTSD alone and to another sample seeking treatment for AD alone. Results indicated that compared to the PTSD alone and AD alone samples, a greater percentage of the comorbid sample was unemployed, with low income and living without the support of a spouse or intimate partner. Further, participants in the comorbid sample were less likely than those in the PTSD alone sample to have received more than a high school education, though the comorbid and AD samples were comparable on education level. These results are discussed with attention to how poor social adjustment may place comorbid AD-PTSD patients at greater risk for premature termination of therapy, particularly when that treatment is focused on alleviating PTSD symptoms. Suggestions are made to enhance retention of these difficult patients in treatment programs.

PMID: 14656555 [PubMed - indexed for MEDLINE]

2: Am J Addict. 2003 Oct-Dec;12(5):412-23.

Gender differences in individuals with comorbid alcohol dependence and post-traumatic stress disorder.

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This study investigated gender differences in a sample of outpatient, treatment-seeking individuals (N=84) with comorbid alcohol dependence and post-traumatic stress disorder (PTSD). Assessments included substance use severity, trauma history, PTSD symptomatology, and comorbid psychiatric disorders. Men reported an earlier age of onset of alcohol dependence, greater alcohol use intensity and craving, and more severe legal problems due to alcohol use. Women reported greater exposure to sexually related traumas, greater frequency and intensity of avoidance of trauma-related thoughts and feelings, and greater social impairment due to PTSD. Women were more likely than men to demonstrate higher rates of other anxiety disorders and test positive for cocaine at treatment entry. PTSD more often preceded alcohol dependence in women than in men. The results illustrate a number of gender differences that may shed light on etiologic models of comorbid alcohol dependence and PTSD.

Publication Types:

Clinical Trial

Controlled Clinical Trial

PMID: 14660155 [PubMed - indexed for MEDLINE]

3: Ann N Y Acad Sci. 2003 Dec;1008:112-21.

Applying learning principles to the treatment of post-trauma reactions.

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Posttraumatic stress disorder (PTSD) can be characterized as a failure of recovery caused, in part, by a failure of fear extinction after trauma. By studying the process of extinction, we can be informed regarding the etiology and maintenance of PTSD. The normal response to trauma in humans includes a set of predictable reactions including reexperiencing, avoidance, and hyperarousal that typically extinguish in the days and weeks after the trauma. In the majority of people exposed to trauma, these responses extinguish over time. However, in a substantial minority, extinction fails and these persisting responses become the symptoms of PTSD. Therefore, one of our fundamental hypotheses is that PTSD is a disorder caused in part by the failure of extinction of predictable posttraumatic physiological and psychological reactions. The most empirically validated treatments for PTSD involve exposure of the patient to trauma-related cues in the absence of danger that then lead to the extinction of these reexperiencing, avoidance, and arousal symptoms. There is also mounting evidence that individuals with PTSD are more resistant to extinction. Regarding early interventions with traumatized individuals, there is mounting evidence that some early one-time interventions actually may impede extinction, whereas interventions delivered in more than one session, at least several weeks after the trauma, to individuals continuing to experience above average reactions, generally are effective in preventing the development of PTSD. Thus, there appears to be an interaction between timing of the intervention, number of intervention sessions, and either arousal level and/or risk status in determining whether the intervention will be helpful, harmful, or neutral.

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PMID: 14998877 [PubMed - indexed for MEDLINE]

4: Biol Psychiatry. 2004 Feb 1;55(3):291-5.

Learning and memory in Holocaust survivors with posttraumatic stress disorder.

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BACKGROUND: Impairments in explicit memory have been observed in Holocaust survivors with posttraumatic stress disorder. **METHODS:** To evaluate which memory components are preferentially affected, the California Verbal Learning Test was administered to Holocaust survivors with (n = 36) and without (n = 26) posttraumatic stress disorder, and subjects not exposed to the Holocaust (n = 40). **RESULTS:** Posttraumatic stress disorder subjects showed impairments in learning and short-term and delayed retention compared to nonexposed subjects; survivors without posttraumatic stress disorder did not. Impairments in learning, but not retention, were retained after controlling for intelligence quotient. Older age was associated with poorer learning and memory performance in the posttraumatic stress disorder group only. **CONCLUSIONS:** The most robust impairment observed in posttraumatic stress disorder was in verbal learning, which may be a risk factor for or consequence of chronic posttraumatic stress disorder. The negative association between performance and age may reflect accelerated cognitive decline in posttraumatic stress disorder.

PMID: 14744471 [PubMed - indexed for MEDLINE]

5: Br J Clin Psychol. 2003 Nov; 42(Pt 4): 331-53.

Relationships between trauma and psychosis: a review and integration.

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OBJECTIVES: This paper examines the research and theoretical literature on potential links between trauma and psychosis. **METHODS:** Three main alternatives are considered; can psychosis cause PTSD, can trauma cause psychosis and could psychosis and PTSD both be part of a spectrum of responses to a traumatic event? The more influential studies considered are critically evaluated and methodological considerations specific to research regarding trauma and psychosis are also examined. **RESULTS:** Evidence is found in support of each of these relationships, and an integrative approach to conceptualizing the relationships is suggested. **CONCLUSIONS:** Recent conceptualizations of PTSD and psychosis are used to inform the consideration of these different pathways, and the implications for theories of psychosis and trauma and the clinical implications for services for psychotic patients are discussed.

Publication Types:

Review

Review, Tutorial

PMID: 14633411 [PubMed - indexed for MEDLINE]

6: Br J Gen Pract. 2004 Feb;54(499):83-5.

Post-traumatic stress disorder: a challenge for primary care--misunderstood and incognito.

Rosenbaum L.

Publication Types:

Editorial

PMID: 14965384 [PubMed - indexed for MEDLINE]

7: Br J Psychiatry. 2004 Feb;184:185.

Flashbacks in war veterans.

Watson IP.

Publication Types:

Letter

PMID: 14754837 [PubMed - indexed for MEDLINE]

8: Clin Psychol Rev. 2003 Dec;23(7):881-904.

Assessing malingered posttraumatic stress disorder: a critical review.

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This article is a critical examination of the current state of the literature regarding the assessment of malingered posttraumatic stress disorder (PTSD). First, published empirical studies that examine the assessment of malingering in PTSD claimants using the American Psychiatric Association's Diagnostic and Statistical Manual criteria are summarized. Next, conceptual and methodological strengths, weakness, and limitations of existing research are outlined. Currently, there is no method or single instrument that is universally recognized as being the best tool to detect malingering in PTSD claimants. Lastly, recommendations for future investigations are provided.

Publication Types:

Review

Review, Tutorial

PMID: 14624820 [PubMed - indexed for MEDLINE]

9: Int Marit Health. 2003;54(1-4):47-57.

Prevention of post traumatic stress disorder amongst maritime pilots.

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PMID: 14974777 [PubMed - indexed for MEDLINE]

10: J Abnorm Child Psychol. 2004 Feb;32(1):1-11.

Adolescents react to the events of September 11, 2001: focused versus ambient impact.

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This study examined the perceived impact of the events of September 11, 2001, on adolescents distant from the disaster sites and compared these perceptions with changes in everyday moods. A survey of reactions to September 11 was completed 2-5 months after the events by 171 adolescents participating in a longitudinal study of stress and health. Electronic diary ratings of contemporaneous moods before and after the attacks were also compared. Many adolescents distant from the disaster sites reported changes in everyday activities and signs of distress along with some positive outcomes. Elevated levels of negative affect emerged when adolescents were asked directly about the event (focused impact), but no changes were detected in their ongoing, momentary mood reports before and after September 11 (ambient impact). Trait and electronic diary measures of anxiety independently predicted posttraumatic distress. Refined assessments are needed to evaluate the degree to which self-reported traumatic symptoms reflect significant clinical distress versus an attentional focus generated by the question-asking process.

PMID: 14998107 [PubMed - indexed for MEDLINE]

11: J Nerv Ment Dis. 2004 Feb;192(2):153-9.

Chronicity in posttraumatic stress disorder and predictors of the course of posttraumatic stress disorder among primary care patients.

Zlotnick C, Rodriguez BF, Weisberg RB, Bruce SE, Spencer MA, Culpepper L, Keller MB.

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The present study examined the course of posttraumatic stress disorder (PTSD) in a sample of 84 primary care patients. More specifically, this study investigated the role of Axis I comorbidity, psychosocial impairment, and treatment participation in the maintenance of an episode of chronic PTSD and whether patients at follow-up met criteria for PTSD (full remission) or continued to exhibit residual PTSD symptoms and impairment (partial PTSD). Diagnostic structured interviews established all clinical diagnoses and information on the course of anxiety disorder symptoms, psychosocial functioning, and treatment status. Using a prospective, longitudinal design, this study found that during the first 2 years of follow-up, the probability of no longer meeting full DSM-IV criteria for PTSD was .69, and .18 for full remission from PTSD. The number of comorbid anxiety disorders and degree of psychosocial impairment at intake were significantly related to remission status (i.e., full and partial PTSD). This study suggests that, in a primary care setting, PTSD is a persistent illness, and that many subjects who have recovered from PTSD continue to suffer from subthreshold symptoms of PTSD.

PMID: 14770060 [PubMed - indexed for MEDLINE]

12: J Nerv Ment Dis. 2004 Feb;192(2):146-52.

Early symptom predictors of chronic distress in Gulf War veterans.

Thompson KE, Vasterling JJ, Benotsch EG, Brailey K, Constans J, Uddo M, Sutker PB.

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Although there is evidence that specific early hyperarousal, avoidance, and emotional numbing symptoms are associated with later posttraumatic stress disorder (PTSD) symptomatology among veterans, little is known about predictors of later non-PTSD-related psychological symptoms. One and 2 years after serving in the Gulf War, 348 military reservists were assessed for severity of war zone stress, PTSD, psychological distress, and stress-mediated physical complaints. Overall PTSD symptomatology and emotional numbing and hyperarousal symptom clusters increased over time, whereas re-experiencing and avoidance symptoms showed no change. Emotional numbing and hyperarousal symptoms at 1 year predicted generalized distress, depression, anxiety, hostility, and somatic symptoms at 2 years, whereas re-experiencing and avoidance symptoms did not. Findings highlight the importance of targeting early emotional numbing and hyperarousal symptom clusters to reduce longer-term psychological distress.

PMID: 14770059 [PubMed - indexed for MEDLINE]

13: J Neuropsychiatry Clin Neurosci. 2004 Winter;16(1):102-8.

A CNV-distraction paradigm in combat veterans with posttraumatic stress disorder.

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Fourteen veterans with posttraumatic stress disorder (PTSD) and 14 without PTSD participated in a contingent negative variation (CNV)-distraction paradigm. Subjects were instructed to press a button after hearing a high-pitched tone (S2) preceded by a low-pitched tone (S1). One-half of the trials included a white-noise distracter placed in the S1-S2 interval. Posttraumatic stress disorder subjects had larger frontal, but smaller central and parietal CNVs, regardless of condition (distracter, no distracter) or epoch (early CNV, late CNV). In PTSD subjects, the N1/P2 complex was smaller to warning (S1) and distracter stimuli and did not show the extent of facilitation present in non-PTSD subjects. Findings highlight PTSD-related differences in phasic cortical excitability and attention.

PMID: 14990765 [PubMed - indexed for MEDLINE]

14: J Trauma Stress. 2003 Dec;16(6):611-5.

Predictors of nonpathological dissociation in Northern Ireland: the affects of trauma and exposure to political violence.

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Recent work has identified an empirical distinction between pathological and nonpathological dissociation. This study examined the correlates of nonpathological dissociation in a Northern Irish sample. The Dissociative Experiences Scale, the Traumatic Experiences Checklist, the Guilt Inventory, and the General Health Questionnaire, as well as two open-ended questions assessing exposure to political violence were completed by 119 participants. Nonpathological dissociation was predicted by age, perceived impact of traumatic events, and adherence to moral standards. Moreover, dissociation was found to be significantly higher in those exposed directly to political violence and those experiencing childhood emotional abuse. Results are consistent with previous theoretical and empirical work and it is proposed that nonpathological dissociation is related to traumatic experience in Northern Ireland.

PMID: 14690360 [PubMed - indexed for MEDLINE]

15: J Trauma Stress. 2003 Dec;16(6):579-87.

Long-term effects of the Dresden bombing: relationships to control beliefs, religious belief, and personal growth.

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Aftereffects of the Dresden bombing of February 1945 on 47 survivors were investigated using a comprehensive framework of trauma sequelae including pathogenetic, salutogenetic, and further mediating or moderating variables. A

relatively low rate of PTSD symptomatology was noted. Traumatic exposure was related to current PTSD symptoms and to personal growth, with no systematic relationships between the 2 outcome variables. PTSD symptoms were primarily related to external control, whereas personal growth was primarily associated with internal control. Religious belief in the afterlife moderated effects between exposure and posttraumatic avoidance or personal growth. Furthermore, belonging to particular age groups at traumatization (adolescents, middle-aged adults) was associated with increased posttraumatic intrusions at the time of data collection.

PMID: 14690356 [PubMed - indexed for MEDLINE]

16: J Trauma Stress. 2003 Dec;16(6):555-62.

Do patients drop out prematurely from exposure therapy for PTSD?

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Many studies have demonstrated the efficacy of exposure therapy in the treatment of chronic post-traumatic stress disorder (PTSD). Despite the convincing outcome literature, a concern that this treatment may exacerbate symptoms and lead to premature dropout has been voiced on the basis of a few reports. In this paper, we examined the hypothesis that treatments that include exposure will be associated with a higher dropout rate than treatments that do not include exposure. A literature search identified 25 controlled studies of cognitive-behavioral treatment for PTSD that included data on dropout. The results indicated no difference in dropout rates among exposure therapy, cognitive therapy, stress inoculation training, and EMDR. These findings are consistent with previous research about the tolerability of exposure therapy.

Publication Types:

Review

Review Literature

PMID: 14690352 [PubMed - indexed for MEDLINE]

17: J Trauma Stress. 2003 Dec;16(6):545-53.

A descriptive analysis of PTSD chronicity in Vietnam veterans.

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This study examined the chronicity of PTSD in 530 male and female Vietnam veterans who were drawn from 2 large, ethnically diverse samples. Delayed onset was common, as was a failure to fully remit: 78% of the 239 veterans with full or partial lifetime PTSD were symptomatic in the 3 months prior to assessment. Cluster analysis identified 4 subtypes of posttraumatic response, with women most likely to

be in a delayed onset cluster, and minority men most likely to be in a severe chronic cluster. The extent of chronicity observed in this sample underscores the need for treatments that address the persistence of posttraumatic symptoms.

PMID: 14690351 [PubMed - indexed for MEDLINE]

18: J Trauma Stress. 2003 Dec;16(6):535-43.

Causes of death among male veterans who received residential treatment for PTSD.

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Previous studies have shown elevated mortality among psychiatric and substance abusing patients, including veterans with PTSD. Although early studies showed elevated deaths from external causes among Vietnam veterans in the early postwar years, more recent studies have also shown increased health problems among veterans with PTSD. This study compared mortality due to behavioral causes versus other diseases among 1,866 male veterans treated for PTSD. Death certificates obtained for 110 veterans indicated behavioral causes accounted for 62.4% of deaths, standardized mortality ratio = 3.4-5.5, including accidents (29.4%), chronic substance abuse (14.7%), and intentional death by suicide, homicide, or police (13.8%). Results suggest possible opportunities to improve outcomes of this at-risk patient population through harm reduction interventions and improved continuity of care.

PMID: 14690350 [PubMed - indexed for MEDLINE]

19: J Trauma Stress. 2003 Aug;16(4):325-8.

The relationship among cognitive schemas, job-related traumatic exposure, and posttraumatic stress disorder in journalists.

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American newspaper journalists (N = 906) participated in a study examining a cognitive mediational model for explaining the relationship between exposure to work-related traumatic events and work-related posttraumatic stress disorder (PTSD). Results indicated (a) greater exposure to work-related traumatic events was associated with work-related PTSD symptoms, as well as negative cognitive schemas; (b) cognitive beliefs partially accounted for PTSD symptoms, but the full cognitive mediational model was not supported. Implications include targeting interventions for journalists who experience traumatic stress and modifying theories about PTSD symptoms in journalists.

PMID: 12895014 [PubMed - indexed for MEDLINE]

20: J Trauma Stress. 2003 Aug;16(4):329-35.

Ambulatory monitoring and physical health report in Vietnam veterans with and without chronic posttraumatic stress disorder.

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This study investigated the associations among PTSD, ambulatory cardiovascular monitoring, and physical health self-reports in 117 male Vietnam combat veterans (61 with PTSD and 56 without PTSD). PTSD was associated with health symptoms and number of current health conditions beyond the influence of several covariates. PTSD was associated with greater systolic blood pressure variability, and an elevated percentage of heart rate and systolic blood pressure readings above baseline. Higher mean heart rate and an elevated percentage of heart rate above baseline were associated with physical health symptoms. None of the ambulatory monitoring variables mediated the association between PTSD and physical health outcomes. Findings suggest that the interrelationships among ambulatory autonomic responses, PTSD, and physical health deserve more research attention.

PMID: 12895015 [PubMed - indexed for MEDLINE]

21: J Trauma Stress. 2003 Aug;16(4):351-60.

Mental health, social functioning, and feelings of hatred and revenge of Kosovar Albanians one year after the war in Kosovo.

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A cross-sectional cluster sample survey was conducted in June 2000 in Kosovo to assess the prevalence of mental health problems associated with traumatic experiences, feelings of hatred and revenge, and the level of social functioning among Kosovar Albanians approximately 1 year after the end of the war. Findings of the second cross-sectional survey were compared with those from our 1999 mental health survey in Kosovo. Included in the survey were 1399 Kosovar Albanians aged 15 years or older living in 593 randomly selected households across Kosovo. Twenty-five percent of respondents reported PTSD symptoms, compared with 17.1% in 1999. The MOS-20 social functioning score improved to 69.8 from 29.5 in 1999. In the 2000 survey 54% of men felt hatred toward the Serbs, compared with 88.7% in 1999.

PMID: 12895018 [PubMed - indexed for MEDLINE]

22: J Trauma Stress. 2003 Aug;16(4):381-90.

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Male-perpetrated violence among Vietnam veteran couples: relationships with veteran's early life characteristics, trauma history, and PTSD symptomatology.

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Using structural equation modeling, we examined the impact of early-life stressors, war-zone stressors, and PTSD symptom severity on partner's reports of recent male-perpetrated intimate partner violence (IPV) among 376 Vietnam veteran couples. Results indicated that several variables demonstrated direct relationships with IPV, including relationship quality with mother, war-zone stressor variables, and PTSD symptom severity. Importantly, retrospective reports of a stressful early family life, childhood antisocial behavior, and war-zone stressors were indirectly associated with IPV via PTSD. One of our 2 war-zone stressor variables, perceived threat, had both direct and indirect (through PTSD) relationships with IPV. Experiencing PTSD symptoms as a result of previous trauma appears to increase an individual's risk for perpetrating IPV. Implications for research and treatment are discussed.

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23: J Trauma Stress. 2003 Aug;16(4):411-9.

"Forward psychiatry" in the military: its origins and effectiveness.

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"Forward psychiatry" was devised in World War I for the treatment of shell shock and today is the standard intervention for combat stress reaction. It relied on three principles: proximity to battle, immediacy, and expectation of recovery, subsequently given the acronym "PIE." Both US and UK forces belatedly reintroduced PIE methods during World War II to return servicemen to active duty and made confident claims for its efficacy. Advanced treatment units also appeared to have minimized psychiatric battle casualties during Korean and Vietnamese Wars. Evaluations of its use by Israeli forces in the Lebanon conflict showed higher return-to-duty rates than at base hospitals. A reexamination of these examples suggests that reported outcomes tended to exaggerate its effectiveness both as a treatment for acute stress reaction and as a prophylaxis for chronic disorders such as PTSD. It remains uncertain who is being served by the intervention: whether it is the individual soldier or the needs of the military.

Publication Types:
Historical Article

PMID: 12895024 [PubMed - indexed for MEDLINE]

24: Occup Med (Lond). 2003 Oct;53(7):469-75.

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Peer-group risk assessment: a post-traumatic management strategy for hierarchical organizations.

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BACKGROUND: Organizations have moral and legal duties to consider the psychological needs of their workforce following exposure to potentially traumatic events related to the workplace. Additionally, it makes economic sense to avoid loss of valuable personnel to the effects of psychological trauma. There have been attempts to provide a range of psychological interventions for staff after exposure to potentially traumatizing events, but recent evidence-based medicine publications have questioned their effectiveness and, indeed, some studies show that single-session psychological debriefings may be harmful. **AIM:** This paper presents a post-traumatic management strategy based upon peer-group risk assessment which was developed by the British military and is in use with other hierarchical organizations. The presented model keeps employees functioning after traumatic events and provides support and education to those who require it. Additionally, the strategy aims to identify those who are unable to cope after potentially traumatizing events and aims to refer them for early intervention, which has been shown to be of benefit.

PMID: 14581645 [PubMed - indexed for MEDLINE]

25: Psychiatr Serv. 2003 Oct;54(10):1383-7.

Acute stress disorder, alcohol use, and perception of safety among hospital staff after the sniper attacks.

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OBJECTIVE: This study examined emotional and behavioral effects on hospital staff after a series of sniper shootings in the Washington, D.C., area. **METHODS:** Employees of a large tertiary care military hospital were anonymously surveyed about their perceptions of safety and threat, changes in activities, and peritraumatic dissociation as possible risk factors for acute stress disorder, depression, and increased alcohol use the week after the sniper suspects were captured. **RESULTS:** Of 382 study participants, whose average age was 39 years, 24 (6 percent) met criteria for acute stress disorder, 13 (3 percent) reported increased alcohol use, and 31 (8 percent) met criteria for depression. Risk factors for acute stress disorder were female sex (odds ratio [OR]=2.59), increased alcohol use (OR=5.1), comorbid depression (OR=7.28), lower perceived safety, higher perceived threat, higher levels of peritraumatic dissociation, and greater numbers of decreased activities. Risk factors for increased alcohol use were comorbid depression (OR=4.02), lower perceived safety, higher perceived threat, and higher levels of peritraumatic dissociation. Risk factors for depression were lower perceived safety and higher levels of peritraumatic dissociation. **CONCLUSIONS:** The sniper shootings were associated with substantial changes in perceived safety and threat assessment as well as decreased activities outside the home among highly educated hospital employees. Levels of acute stress disorder were similar to levels of posttraumatic

stress disorder in New York City after the terrorist attacks of September 11, 2001. Peritraumatic dissociation was associated not only with acute stress disorder but also with depression and increased alcohol use after the attacks.

PMID: 14557525 [PubMed - indexed for MEDLINE]

26: Psychiatr Serv. 2003 Oct;54(10):1380-2.

Comment in:

Psychiatr Serv. 2004 Mar;55(3):319-20; author reply 320.

Posttraumatic stress disorder, alcohol use, and perceived safety after the terrorist attack on the pentagon.

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OBJECTIVE: The authors examined posttraumatic stress disorder (PTSD), alcohol use, and perceptions of safety in a sample of survivors of the September 11, 2001, terrorist attack on the Pentagon. **METHODS:** Analyses were conducted to examine the effect of past traumatic experience, trauma exposure, initial emotional response, and peritraumatic dissociation on probable PTSD, substance use, and perceived safety among 77 survivors seven months after the attack. **RESULTS:** Eleven respondents (14 percent) had PTSD. Those with PTSD reported higher levels of initial emotional response and peritraumatic dissociation. Ten respondents (13 percent) reported increased use of alcohol. Women were more than five times as likely as men to have PTSD and almost seven times as likely to report increased use of alcohol. Persons with higher peritraumatic dissociation were more likely to develop PTSD and report increased alcohol use. Those with lower perceived safety at seven months had higher initial emotional response and greater peritraumatic dissociation and were more likely to have PTSD, to have increased alcohol use, and to be female. **CONCLUSIONS:** The association of perceived safety with gender, the presence of PTSD, and increased alcohol use among survivors of the terrorist attack on the Pentagon warrants further study.

PMID: 14557524 [PubMed - indexed for MEDLINE]

27: Psychiatr Serv. 2003 Oct;54(10):1410-1.

A VA health care system two years after September 11, 2001.

Kushner M, Weissman E.

PMID: 14557531 [PubMed - indexed for MEDLINE]

28: Psychiatr Serv. 2003 Oct;54(10):1404-6.

Awareness and perceptions of a communitywide mental health program in New York City after September 11.

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The Project Liberty program was established after the terrorist attacks of September 11, 2001, to offer free mental health services to New York City residents. The authors used data from a random-digit-dial telephone survey to assess public awareness of and willingness to make use of Project Liberty's services. They found that 24 percent of the New York City residents surveyed (480 of 2001 respondents) had heard of Project Liberty four months after September 11. Persons with lower socioeconomic status and those who had psychological symptoms consistent with posttraumatic stress disorder were more likely to say that they would contact Project Liberty. The results of the study suggest that although awareness of this public mental health services was low, Project Liberty was well received among the people who may be most likely to need its services.

PMID: 14557529 [PubMed - indexed for MEDLINE]

29: Psychother Psychosom. 2003 Nov-Dec; 72(6):333-42.

Prevalence and risk factors of posttraumatic stress disorder in older adults.

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BACKGROUND: Posttraumatic stress disorder (PTSD) has scarcely been researched in the elderly. There is no population-based information on prevalence and risk factors in older persons. Patients with PTSD are often not recognized or incorrectly diagnosed. As the disorder has great implications for the quality of life, a correct diagnosis and treatment are crucial. Increased knowledge on vulnerability factors for PTSD can facilitate diagnostic procedures and health management in the elderly.

METHODS: PTSD cases were found following a two-phase sampling procedure: a random selection of 1,721 subjects were screened and in 422 subjects a psychiatric diagnostic interview was administered. Prevalence of PTSD and subthreshold PTSD were calculated. Vulnerability factors regarding demographics, physical health, personality, social factors, recent distress and adverse events in early childhood were assessed. **RESULTS:** 6-month prevalence of PTSD and of subthreshold PTSD was 0.9 and 13.1%, respectively. The strongest vulnerability factors for both PTSD and subthreshold PTSD were neuroticism and adverse events in early childhood.

CONCLUSIONS: This is the first population-based study on PTSD in older persons. With a 6-month prevalence of almost 1% the disease is not rare. Comparisons with younger populations suggest some accumulation of cases among older people reflecting the chronic risk factors, which are found in this study: neuroticism and adverse events in early childhood. Copyright 2003 S. Karger AG, Basel

PMID: 14526136 [PubMed - indexed for MEDLINE]